

Name in Full

Certificate of Death

William Baker

Died at <sup>Town</sup> Rhulo Mills <sup>County</sup> Indiana

MARYLAND

Date <sup>1903</sup> 1903 <sup>Month</sup> 2 <sup>Day</sup> 16 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> - 2 - - <sup>Native of</sup> <sup>Occupation</sup>Male White ~~Married~~ Widowed Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children livingHusband  
of  
Wife

Father's Name Erero Baker

Mother's Name Rae V. O'Hara

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

C. C. Leach Funeral Director

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, "BEEB"

M O County

Feb 16 — 1903

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month 2	Day 27	Age 4	Years	Months 7	Days 12
Sex Male		Color or Race White		Birth-place Brunswick			
Married, Single or Widowed		Occupation		none			
Name of Wife or Husband							
Father's Name Charles A Barger				Father's Birthplace Md			
Mother's Maiden Name Kattie A Barger				Mother's Birthplace Md			
Name of person giving information Charles A Barger				How related to deceased Kattie			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	3 weeks
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. S. Hays	
Address		Brunswick Md	
Accident or Suicide?			

150



Name  
in  
Full

Vernon Rolph Barger

## CERTIFICATE OF DEATH

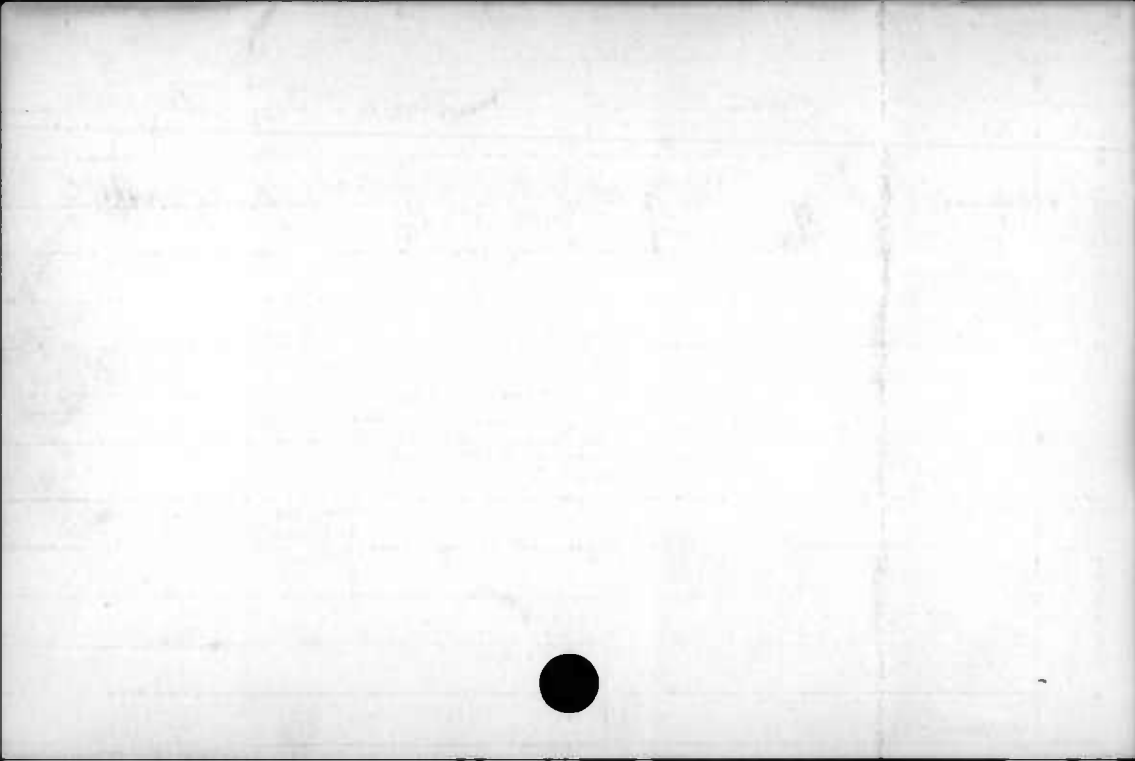
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Brunswick</i>		<sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>16</i>	Age <i>7</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Brunswick</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Infant</i>		
Name of Wife or Husband					
Father's Name <i>Charles A Barger</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Katie E Barger</i>			Mother's Birthplace <i>MD</i>		
Name of person giving In formation <i>Charles A Barger</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H S Hughes MD</i>
	Address <i>Brunswick MD</i>
<del>Accident or Suicide?</del>	



Mary H. Boorman

Town

County

Died at

Dander

Frederick Co

MARYLAND

Date 1903

Month

Day

2 18

Age

60

Y.

M.

D.

Native of

W. V. C.

Occupation

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

79

How long sick

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

H. Botter. Goss

M.D.

Address

Jefferson

Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Edward Elder Bouhaen Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Liberty</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>11th.</i>	Age	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Libertytown</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Edward Elder Bouhaen</i>			Father's Birthplace <i>Libertytown</i>		
Mother's Maiden Name <i>Annie Campbell</i>			Mother's Birthplace <i>Libertytown</i>		
Name of person giving information <i>Edward Bouhaen</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>1 week.</i>
Immediate <i>Heart Paralysis</i> <i>92</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. E. Happington M.D.</i>
	Address <i>Libertytown Maryland.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

James Brooks

Town

County

Died at

Frederick

"

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

19

12

Md

Laborer

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Name

Ella Brooks

Cause of

Primary

Measles

Death

Immediate

Croupous Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by

J. F. Jones M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55368



Name  
in  
Full

CERTIFICATE OF DEATH

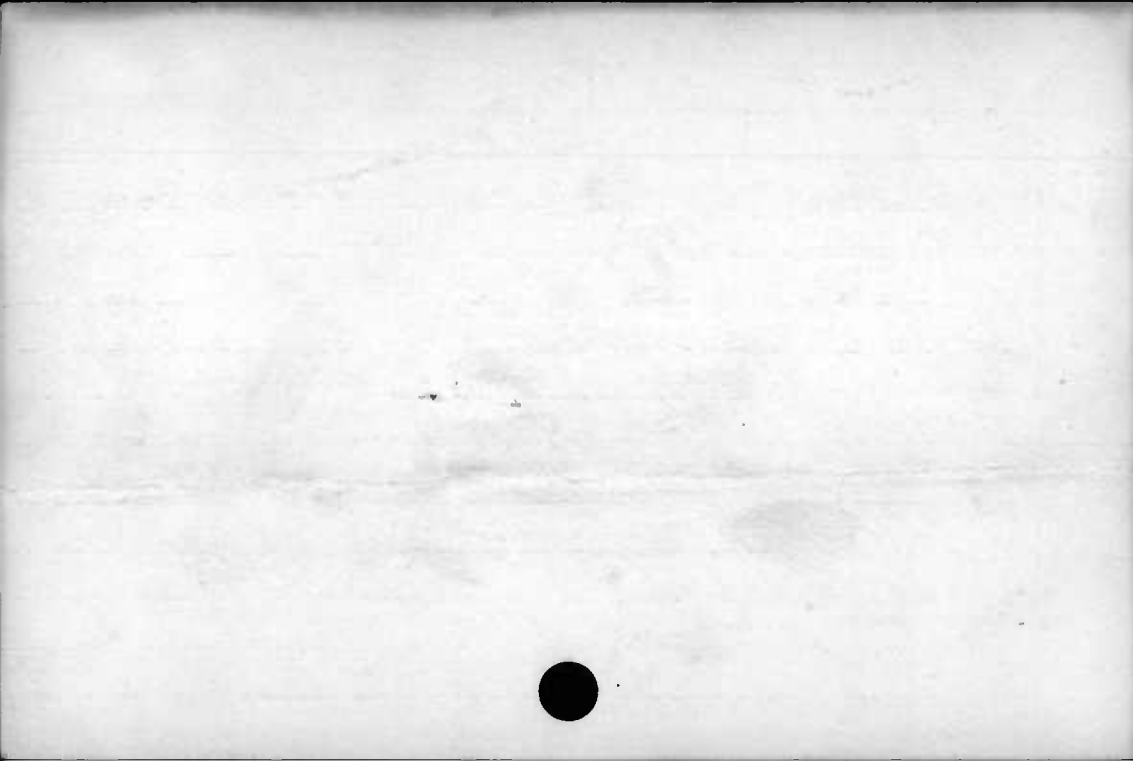
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Christiana</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> <sup>Month</sup>	<i>1st</i> <sup>Day</sup>	Age <i>2</i> <sup>Years</sup> <i>3</i> <sup>Months</sup> <i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>W.D.</i>	
Married, Single or Widowed <i>Single</i>	Occupation		
Name of Wife or Husband			
Father's Name <i>Geo. Bryan</i>	Father's Birthplace <i>W.D.</i>		
Mother's Maiden Name <i>Genie Palmer</i>	Mother's Birthplace <i>W.D.</i>		
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
Immediate <i>Bronchial Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. C. Mullin, M.D.</i>
	Address <i>Wabana, Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Lillie E. Buhrman

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 5

Age

3, 6, 21

County

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Add. Buhrman

Cause of

Primary

Whooping cough - Pneumonia 2 weeks.

How long sick

Death

Immediate

Meningitis - convulsions

Accident, Suicide, Homicide

Reported by

D. Morris A. Busch

Address

Thurmont Md.

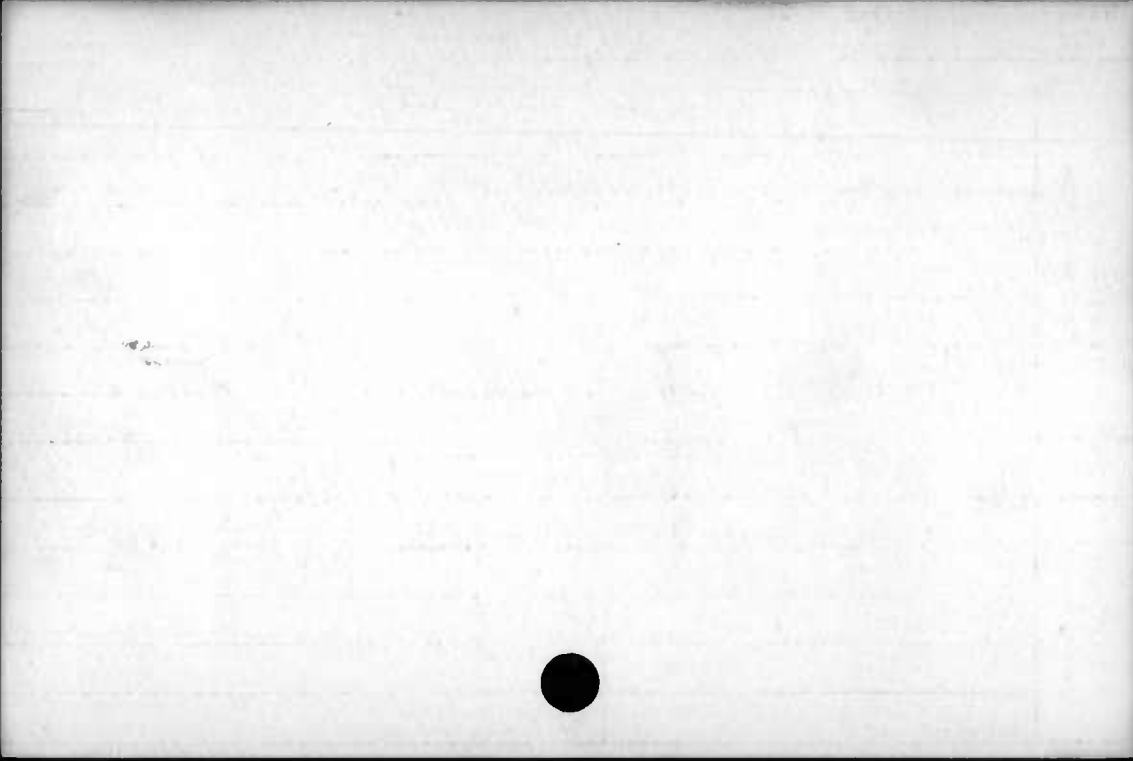
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full		Belle Franklin Bunker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Brunswick Town		County		MARYLAND	
	Date of death 1903		Month	Day	Age	Years		Months
	Feb		16	7	—	—	—	—
	Sex		Female		Color or Race		Black	Birth-place
	Married, Single or Widowed		—		Occupation		Md	
	Name of Wife or Husband							—
	Father's Name		John A. Bunker				Father's Birthplace	Md
Mother's Maiden Name		Sarah L. Brown				Mother's Birthplace	Md	
Name of person giving information		John A. Bunker				How related to deceased	Sister	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cerebral				How long	12 hours
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. H. Bunker	
	Accident or Suicide?				Address		Brunswick Md	



Name in Full

Certificate of Death

Alta Butler

Town

County

Died at

Pear

Frank

MARYLAND

Date 1903 2 26 12 4 10 ma X  
 Male White Married Widow Divorced ma  
 Female Colored Single Widower Number of children living 1

Husband of X  
 Wife

Father's Name Charles Butler Mother's Name Louisa Butler

Cause of Death { Primary Typhoid Fever How long sick  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by

C. J. Sordance, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

C. C. Cooley

Barthonesville

Feb. 28 -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Julia A. R. Clay</i>			Town <i>Near Bartholomew</i>		County <i>Fredrick</i>		MARYLAND				
Died at <i>Near Bartholomew</i>		Month <i>Feb.</i>		Day <i>10.</i>		Years <i>20</i>		Months <i>6</i>		Days <i>7</i>	
Date of death 1903		Month		Day		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mo.</i>							
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband <i>Joseph W. Clay</i>											
Father's Name <i>William Kiefer</i>		Father's Birthplace <i>Mo.</i>									
Mother's Maiden Name <i>Alice Trail</i>		Mother's Birthplace <i>va.</i>									
Name of person giving information <i>Alice Kiefer</i>		How related to deceased <i>Mother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>2 years</i>
Immediate		

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*R. C. Fout M.D.*  
*Templon*  
*Ind.*

Accident or Suicide?



Name In Full

Certificate of Death

Wazir Bell Collier

Town

County

MARYLAND

Died at

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	Feb	24		10	26	Co	
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Number of children living							

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dysentery

Death

Immediate

Pneumonia

How long sick

18 days

Accident, Suicide, Homicide

Reported by

D. M. A. Berry

Address

Thermont

Md.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

12



Name in Full

Certificate of Death

Joseph H. S. Cumpher.

Town

County

Died at

Point of Rocks

Green

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

8

Age

51

11

24

Ga

Farmer.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living 3.

Husband of

Sarah E. Cumpher.

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Nephritis

120

How long sick

Death

Immediate

Uraemic poisoning

Accident, Suicide, Homicide

Reported by

C. H. Cumpher

Address

Adams Station  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79053



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie Elizabeth Cromwell</i>		Town <i>Walkersville</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Walkersville</i>		Month <i>2</i>		Day <i>15</i>		Years <i>68</i>	
Date of death 190 <i>3</i>		Month <i>2</i>		Day <i>15</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Braddock Md</i>		Months <i>6</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>		Months <i>6</i>		Days <i>14</i>	
Name of Wife or Husband <i>H<sup>m</sup> H Cromwell</i>		Father's Name <i>Ceremish Frazier</i>		Father's Birthplace <i>Fredrick Md</i>		Mother's Birthplace <i>Buckeye Town Md</i>	
Mother's Maiden Name <i>Catharine Hilary</i>		Name of person giving Information <i>Edward Fick</i>		How related to deceased <i>Son in Law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>		How long <i>48 hours</i>	
Immediate <i>3rd attack, Cma</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Eldabrogh</i>	
		Address <i>Walkersville Md</i>	
Accident or Suicide?			



4,

MARYLAND

Name in Full

Gallie Brummett

Town

County

Died at

Rush's Mill Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb

7

Age 77.

Md

Housewife

Female

White

~~Colored~~

Married

Single

Widow

~~Widow~~

Divorced

X Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Abdominal Cancer

Death

Immediate

Gastric

How long sick

3 mos

~~Accident, Suicide, Homicide~~

Reported by

Dr. McCurdy

Address

Frederick Md

41

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eyer John David

Town

County

Died at

Frederick

Frederick Co

MARYLAND

Date 1903

Month Day

2 - 11

Y. M. D.

Age 48 - - -

Native of

Frederick Co

Occupation

Horseman

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pylophrosis with operation

How long sick

3 1/2 weeks.

Death

Immediate

Asthma (cardiac)

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_



De Lauder

Town

County

Died at

near Ceresville

Indiana

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

2

18

Age

1

8

-

U.S.

X

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Melinda De Lauder

Mother's

Maiden Name

Annie Taylor

Cause of

Primary

Malaria

How long sick

3 weeks

Death

Immediate

~~Exhaustion~~ Chloroform

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Sheriff MD

Address

Indiana

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Persey Williams Dinterman

## CERTIFICATE OF DEATH

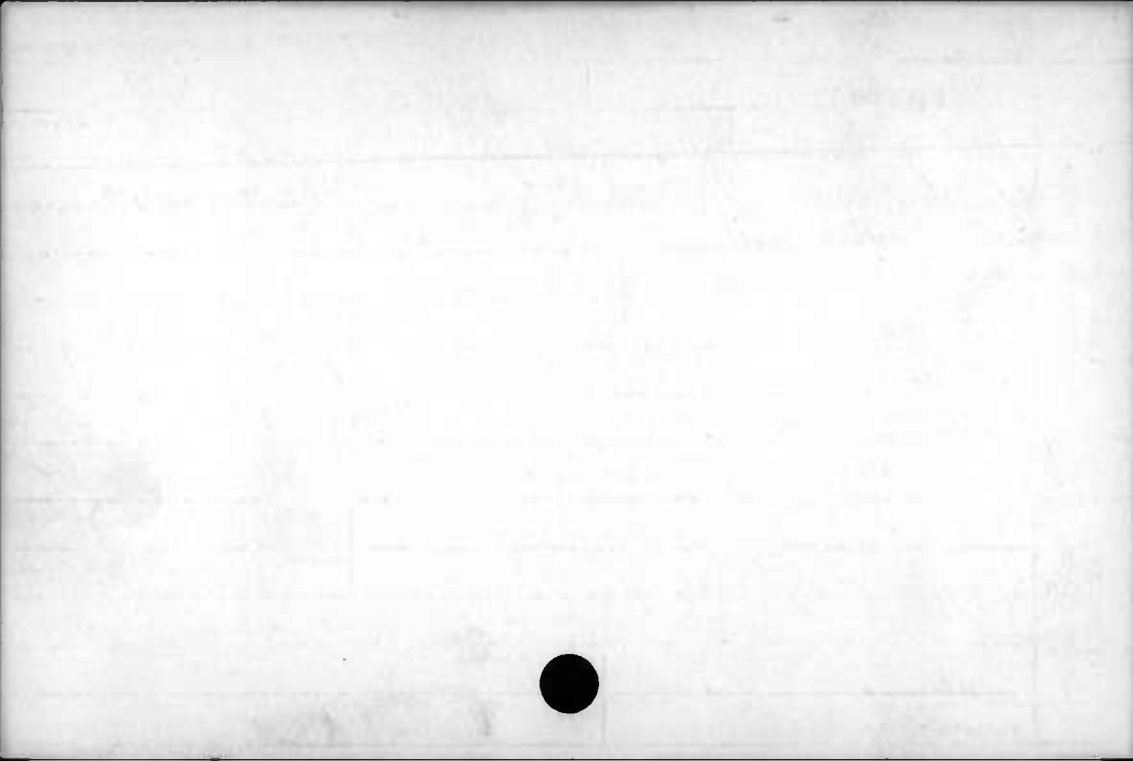
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>8</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Fredrick Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>Jacob N Dinterman</i>			Father's Birthplace <i>Fredrick Co</i>		
Mother's Maiden Name <i>Rachel J. Dinterman</i>			Mother's Birthplace <i>Fredrick Co</i>		
Name of person giving information <i>Jacob N. Dinterman</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr H. S. Hayes</i>
	Address <i>Brunswick Ma</i>
Accident or Suicide?	



Name  
in  
Full

Harry Nelson Elchman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Inducien</i> <sup>Town</sup>			<i>Inducien</i> <sup>County</sup>			MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>16</i>	Age <i>74</i>	Years	Months <i>2</i>	Days <i>12</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Inducien Co Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired Furniture Dealer</i>				
Name of Wife or Husband							
Father's Name <i>Frederick Elchman</i>				Father's Birthplace <i>Ind Co Md</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>W.H.B Elchman</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>78 months</i>
Immediate <i>Uræmia</i>	How long <i>a couple of wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. B Johnson</i>
	Address <i>Inducien Md.</i>
Accident or Suicide?	



Name  
in  
Full

Katharine Cissler

## CERTIFICATE OF DEATH

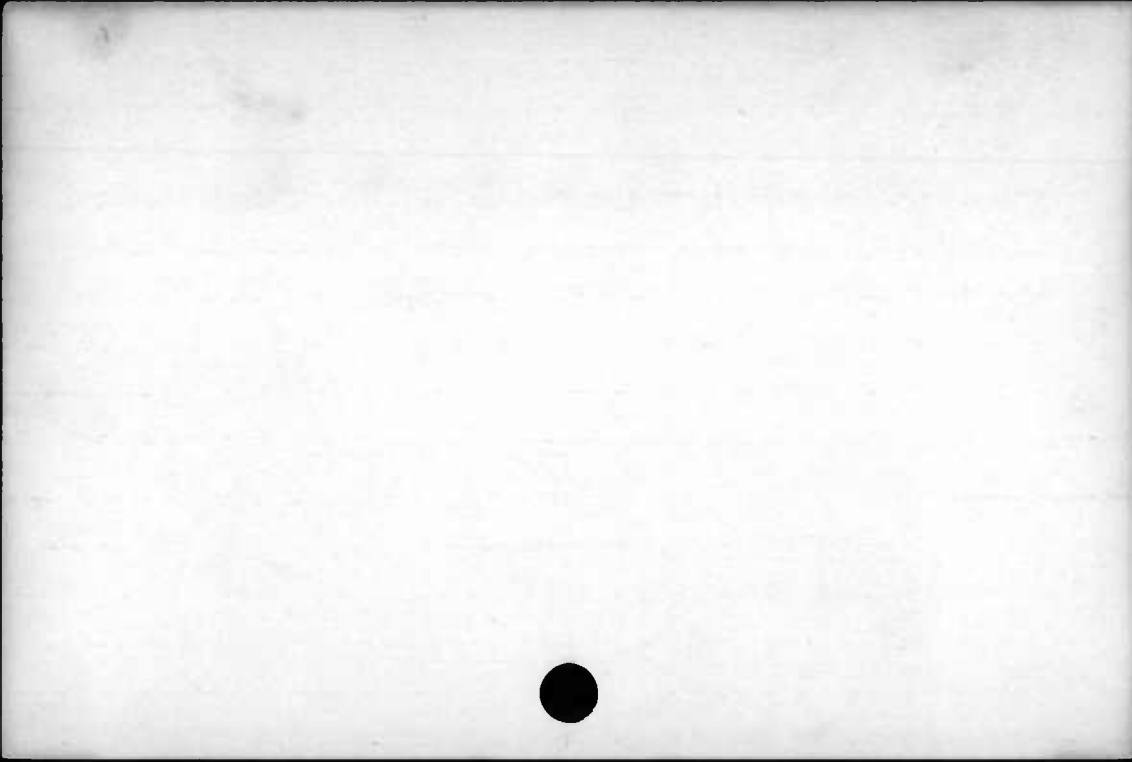
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>12</u>	Age <u>75</u>	Months <u>4</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hanover, Ger.</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of <del>Wife or</del> Husband <u>George Cissler</u>					
Father's Name <u>J. F. Field</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Husband</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senility</u>	How long <u>4 or 5 years</u>
Immediate <u>Apoplexy</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. B. McK. MD</u>
	Address <u>17 E. 2nd St.</u>
Accident or Suicide? <u>Neither</u>	





Annie Eury

Town

County

Died at Unionville Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb. 7

Age 56

Md. Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of

Wife Samuel E. Eury

Father's Name

Jacob. Zumbum Maiden Name

Cause of Primary Hemorrhage in Brain

How long sick

10 hours

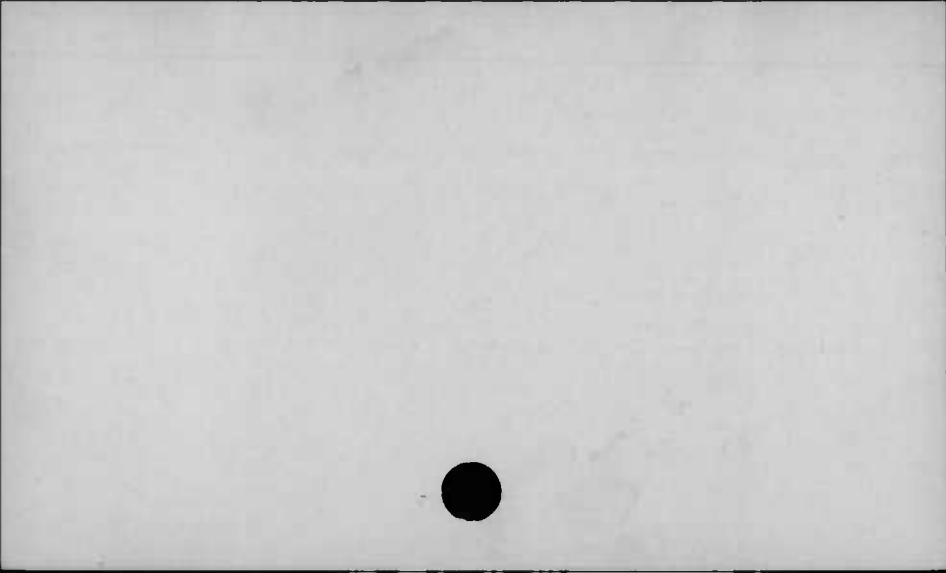
Death Immediate Apoplexy

~~Accident, Suicide, Homicide~~

Reported by Thomas P. Sappington M.D.

Address Unionville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Baby Fosselt

7

Died at <sup>Town</sup> Near New London <sup>County</sup> Frederick

MARYLAND

Date 1903	Month Feb.	Day 21	Age -	Y. -	M. -	D. 17	Native of -	Occupation
<del>Male</del>	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>				
Female	Colored	Single	Widower	Number of children living				

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name James Fosselt  
 Mother's Name Nellie

Cause of Death { Primary Spasms  
 Immediate  
 How long sick 10 hours  
 Accident, Suicide, Homicide

Reported by Thomas M. Walby Undertaker  
 Address New Market Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grisinger Harry

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 189

03

Month

Day

2-21

Y.

M.

D.

Native of

Occupation

Age

25-

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 1

Husband

of

Grace Jacobs Grisinger

Father's

Name

John Grisinger

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

?

Death

Immediate

Asthma

27

~~Accident, Suicide, Homicide~~

Reported by

Address

H.P. Fahrney

md

Frederick

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



*Jacob Green*  
 Town County

MARYLAND

Died at *Frederick Co.*

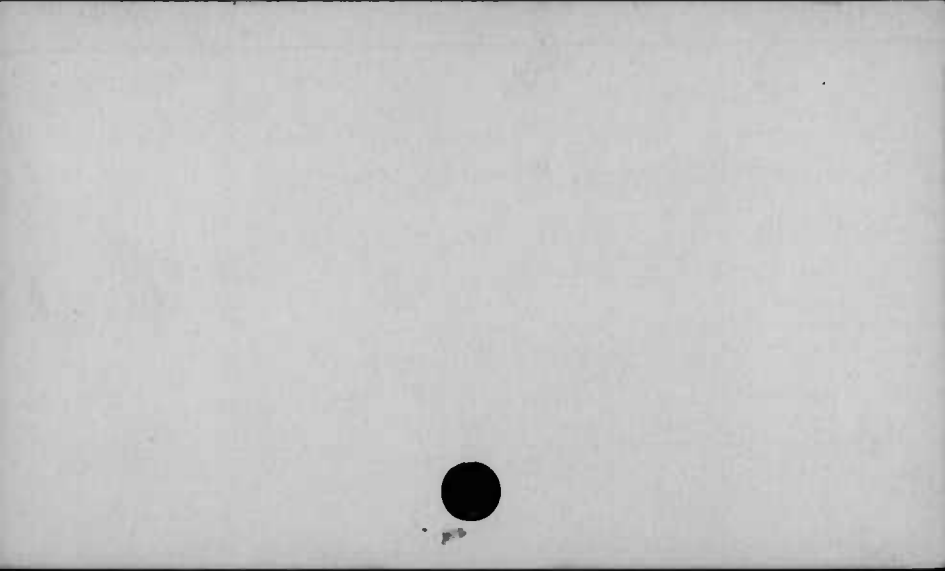
Date 1903 *Feb 26* Month Day Y. M. D. *Ind* Native of Occupation *Labors.*  
 Male White Married Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Singla~~ ~~Widower~~ Number of children living *6*

Husband of *Bell Hancock*  
 Wife  
 Father's Name *Pontius Green* Mother's Maiden Name *Barbara E. Temple.*

Cause of Death { Primary *Shaking Palsy* How long sick *about 2 yrs*  
 Immediate *General Debility* Accidental, Suicidal, Homicide

Reported by *L. Leazerette (Funeral Director)*  
 Address *Thurmont Md*

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.





*Lanie Ellen Gregg*  
 Town County *Tues* MARYLAND

Died at *Park Mills*

Date 19 *03* Month *July* Day *27* Age *33.11.37* Native of *America* Occupation *Farming*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☐ Divorced ☐ Single ☐ Widower ☐ Number of children living *3*

Husband of *George Gregg*

Father's Name *James G. Gregg* Mother's Maiden Name *Annie E. Gregg*

Cause of Death { Primary *Consumption* Immediate ☒ How long sick *2 mos* Accident, Suicide, Homicide ☐

Reported by *T. Clyde Rountree*

Address *Buckeytown Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

Capt Joseph Groff

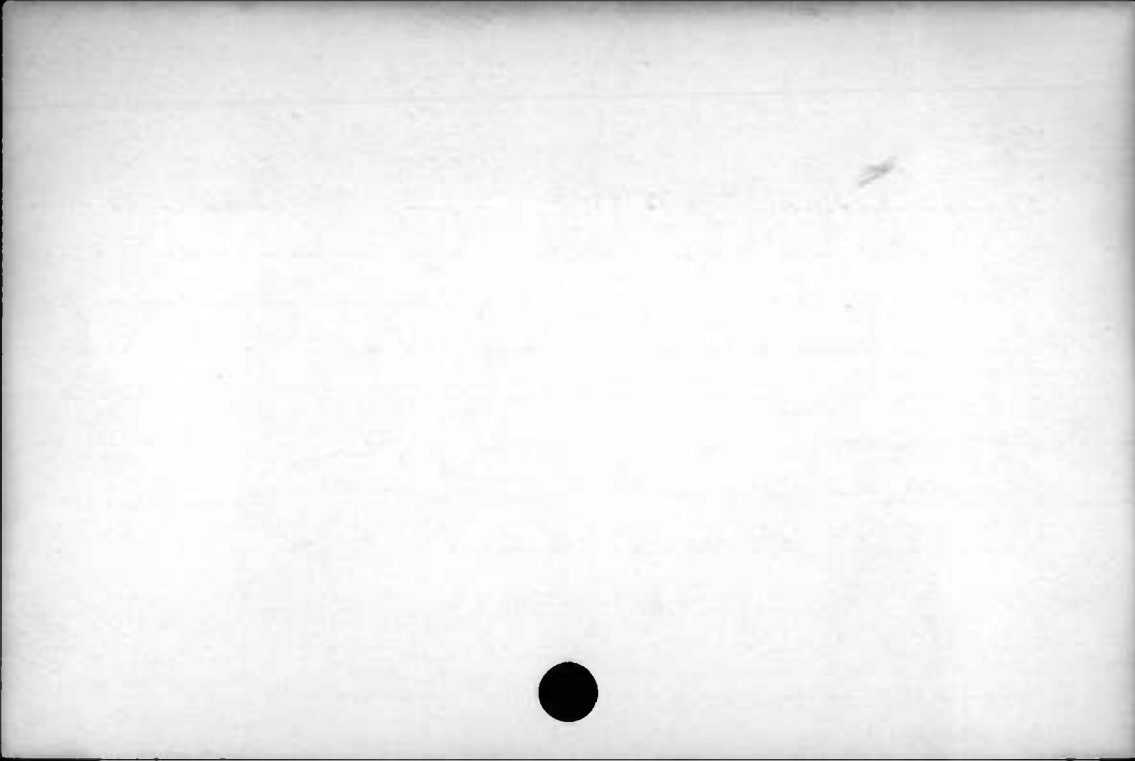
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Annapolis</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day	Age	Years <i>81</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Pa</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired</i>				
Name of Wife or Husband <i>Capt Joseph Groff</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long <i>2 Days</i>
Immediate	<i>General Paralysis</i>	How long <i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Maynard</i>
		Address <i>17 Second St W.</i>
Accident or Suicide? <i>No</i>		



Name in Full

Certificate of Death

Roy S. Hall

Town

County

Died at

Edmund

"

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	2	25	—	11	20	md	X
Male	<del>White</del>	Married		Widow	Divorced		
<del>Female</del>	Colored	Single		Widower	Number of children living		

Husband  
of

\* Roy Hall

Father's  
Name

Roy Hall

Mother's  
Name

May Carroll

Cause of { Primary Measles.

How long sick

Death { Immediate Spasms.

Accident, Suicide, Homicide

Reported by

W. J. Gooden. md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Russel H. Le. Himes

Died at <sup>Town</sup> Centerville <sup>County</sup> Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1903 2 22 Age 26 23

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Russ H. Himes

Mother's

Maiden Name

Matthie A. Metz-

Cause of

Primary

Diphtheria

How long sick 3

Death

Immediate

Anemia

9w

Accident, Suicide, Homicide

Reported by

H. Boteler Gauss M D

Address

Jefferson Frederick Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11





Name in Full

Certificate of Death

Mearian Hobbs

Died at *Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup> MARYLAND

Date 1903 *February 26* <sup>Month Day</sup> Age *1 4 15* <sup>Y. M. D.</sup> Native of *Mo* Occupation *none*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~

*Female* ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of

~~Wife~~

Father's Name *Bernard J. Hobbs* Mother's Maiden Name *Dora Louisa Harner*

Cause of Death { Primary *Whooping Cough* 8 How long sick *3 Weeks*

Death { Immediate *Spasms* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Marion L. Hobbs

Town

County

MARYLAND

Died at

Liberty Town

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb

13

Age

10 - 15

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Charles Hobbs

Mother's

Name

Effie Hobbs

Cause of

Primary

Meningitis

61

How long sick

4 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Otis B. Howe M. D.

Address

Liberty Town

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

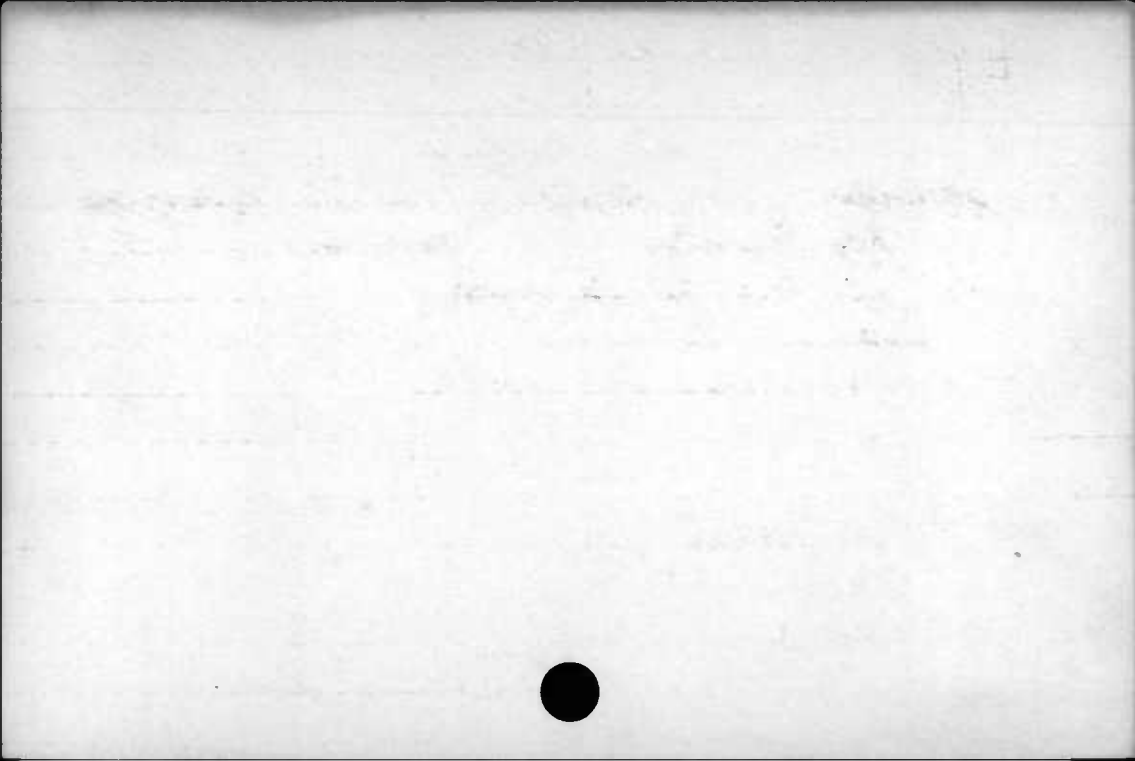
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death 19 <i>0</i>	Month <i>Feby</i>	Day <i>13</i>	Age <i>1</i> Years	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles E. Hauck</i>			Father's Birthplace <i>Fredk Co.</i>		
Mother's Maiden Name <i>Virginia Brownell</i>			Mother's Birthplace <i>Fredk Co.</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Eczema</i>	How long <i>16 months</i>
Immediate <i>Sepsicaemia</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. N. Stokes M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Catharine Shaffer Hughes

## CERTIFICATE OF DEATH

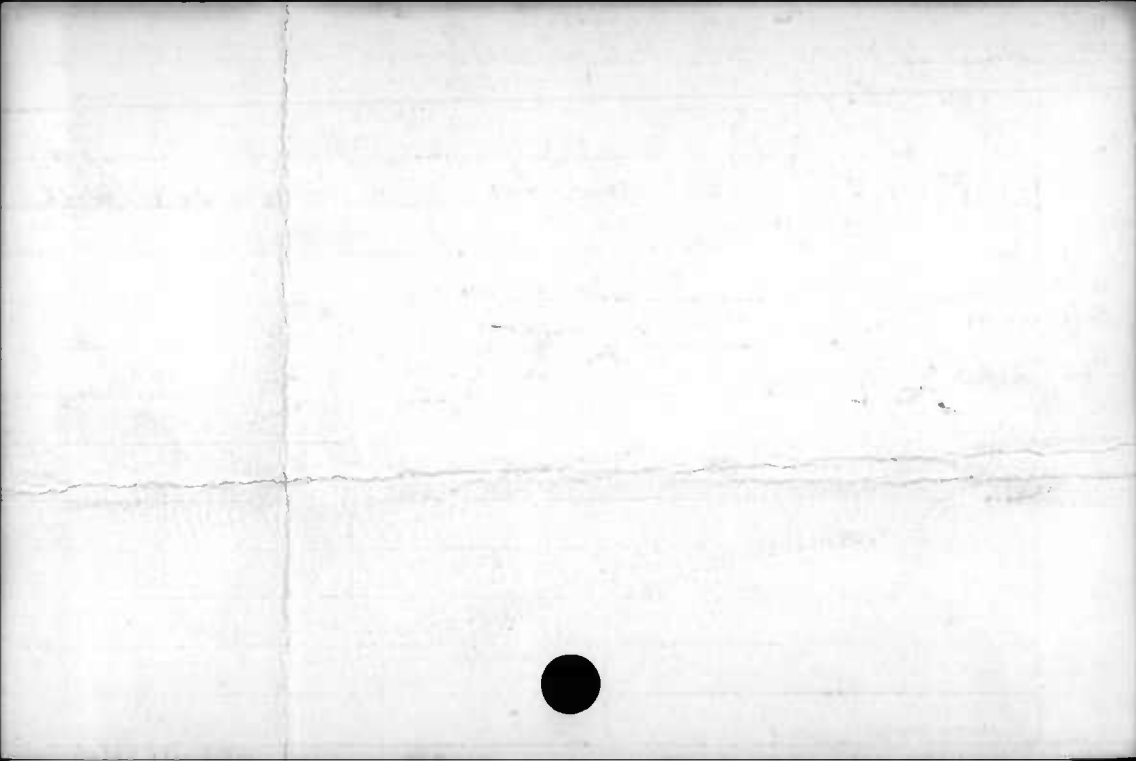
Died at <u>Brunswick</u> <sup>Town</sup>		<u>Fredricks</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>20</u>	Age <u>77</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>none</u>		
Name of Wife <u>Dr Benj E Hughes</u>					
Father's Name <u>Henry Grimes</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Margaret Chisello</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>G. H. Hughes</u>			How related to deceased <u>son</u>		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <u>Paralysis</u>	How long <u>2 months</u>
Immediate <u>Exhaustion</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. S. Hays MD</u>
	Address <u>13 Brunswick</u> <u>md</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Alexander Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>near Hunttsville</i>		Town <i>Hunttsville</i>		County <i>Frederick</i>	
Date of death 1903	Month <i>Feb.</i>	Day <i>11</i>	Age <i>81</i>	Years <i>2</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired</i>		
Name of Wife or Husband <i>Margaret Johnson</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Dolly Walker</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Living Walker</i>			How related to deceased <i>Grand Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>This man was found dead, upon</i>	How long <i>154</i>	<i>failure</i>
Immediate <i>Examination found he died from natural causes, for no reason</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>As near as I can ascertain.</i>	Signature of Physician <i>C. H. Schiltz D.L.</i>	
	Address <i>Hunttsville</i>	
Accident or Suicide?		<i>Md.</i>



Name In Full

Certificate of Death

Celestia Johnson

Town

County

MARYLAND

Died at

Buckhannon

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb. 1

Age

10

M r

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

John Johnson

Florence Jackson

Cause of

Primary

Pertussis followed by

How long sick

3 or 4 wks

Death

Immediate

Bronchial Pneumonia

Accident, Suicide, Homicide

Reported by

T. Clyde Rounton M.D.

Address

Buckhannon Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885



Name  
in  
Full

# 8

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

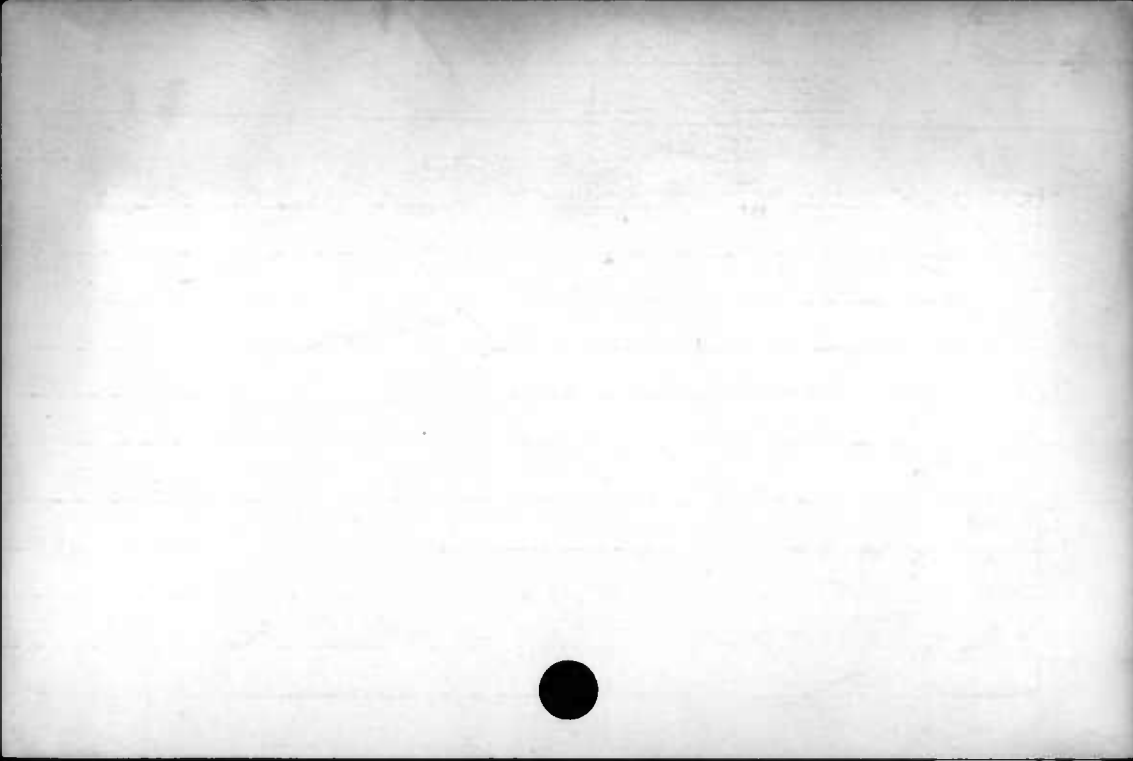
Charles Joseph Jones

Died at		Town Batholomew		County Frederick		MARYLAND					
Date of death 190 3		Month February		Day 22		Age 60		Months 10		Days 24	
Sex male		Color or Race white		Birth- place Fredk. Co. Md							
Married, Single or Widowed married				Occupation Farmer							
Name of Wife or <del>Husband</del> Saballa Jones											
Father's Name Nathan Jones						Father's Birthplace dont know					
Mother's Maiden Name Mary Bronenburg						Mother's Birthplace " "					
Name of person giving In formation Charles E. Jones						How related to deceased a son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis		How long 3 1/2 years	
Immediate Chronic Nephritis		How long 2 years	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Howard H. Hopkins, M.D.	
		Address New Market, Maryland.	
Accident or Suicide? no.			



Name In Full

Certificate of Death

*Samuel Leazer*  
 Town *Middletown* County *Fredrick* MARYLAND

Died at *1903* Month *Feb* Day *24* Y. *76* M. *5* D. *14* Native of *Md. Carpenter* Occupation  
 Date *1903* *Feb 24* Age *76 5-14*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *none*

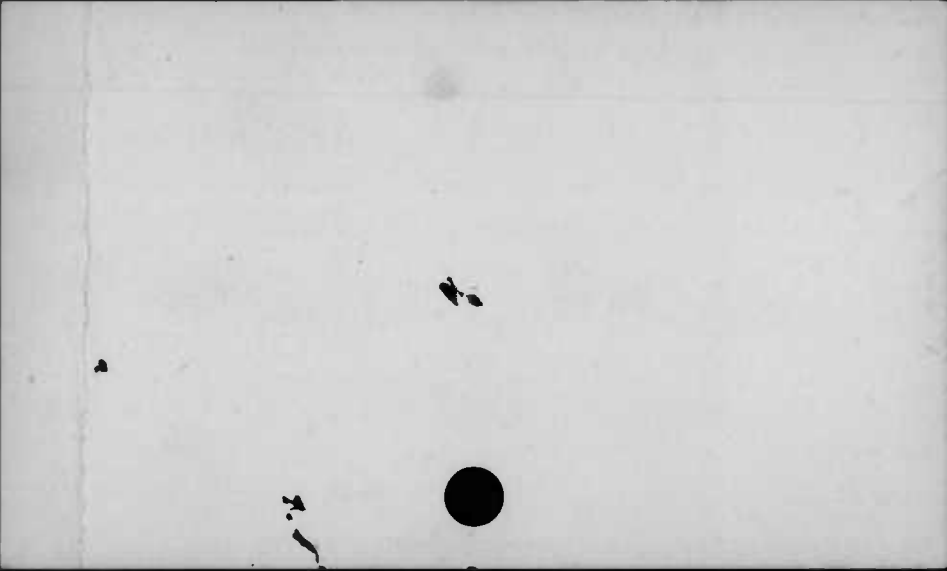
Husband of *Ann Shaffer*  
~~Wife~~ Father's Name *Daniel Leazer* Mother's Name *Mary Gaver*

Cause of Death { Primary *Arterio Sclerosis of* How long sick *11 days*  
 Immediate *Apoplexy* ~~Accident, Suicide, Homicide~~

Reported by *A. H. Tamm*

Address *Middletown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at **Middletown** Town **Sunderland** County **MARYLAND**

Date **1903** Month **Feb** Day **12** Y. **82** M. **0** D. **14** Native of **Ind** Occupation **Shoemaker**

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living **0**

Husband of  
Wife

Father's Name **Jacob Lorentz** Mother's Name **Elizabeth Darnes**

Cause of Death Primary **Paralysis** How long sick **Several months**

Death Immediate **Genl: Exhaustion & Intestinal Obstruction** Accident, Suicide, Homicide ☐

Reported by **E. L. Buckley Ind** **66**

Address **Middletown Ind**

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

Q

Name in Full

Certificate of Death

Harry O. J. McNamee  
 Died at Frederick <sup>Town</sup> Frederick <sup>County</sup> MARYLAND  
 Date 1903 2 <sup>Month</sup> 10 <sup>Day</sup> Age 35.8.11 <sup>Y. M. D.</sup>  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 1

Husband of Annie Stull  
 Wife  
 Father's Name Rufus McNamee Mother's Maiden Name Jane Orr

Cause of Death { Primary Pulmonary Phthisis How long sick  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. J. McNamee  
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

C. C. Cady-

Mt Pleasant Cady-

Feb 13-

Name in Full

Certificate of Death

Sabina C Mercer

Town

County

MARYLAND

Died at

Graddack

Frederick

Date

1903

Month

Feb

Day

15

Y.

M.

D.

Native of

Occupation

Age

67 0 4

Ind

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Color~~~~Single~~

Widower

Number of children living

5 (?)

~~Wife~~

of

Edward C Mercer

Wife

Father's

Mother's

Name

David Gibbons

Name

Anna Clay

Cause of

Primary

Valvular disease of heart

How long sick

15 Mo.

Death

Immediate

Dropsy &amp; embolism

~~Accident, Suicide, Homicide~~

Reported by

E L Beckley m d

Address

Middletown m d

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

H. C. Peete

undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

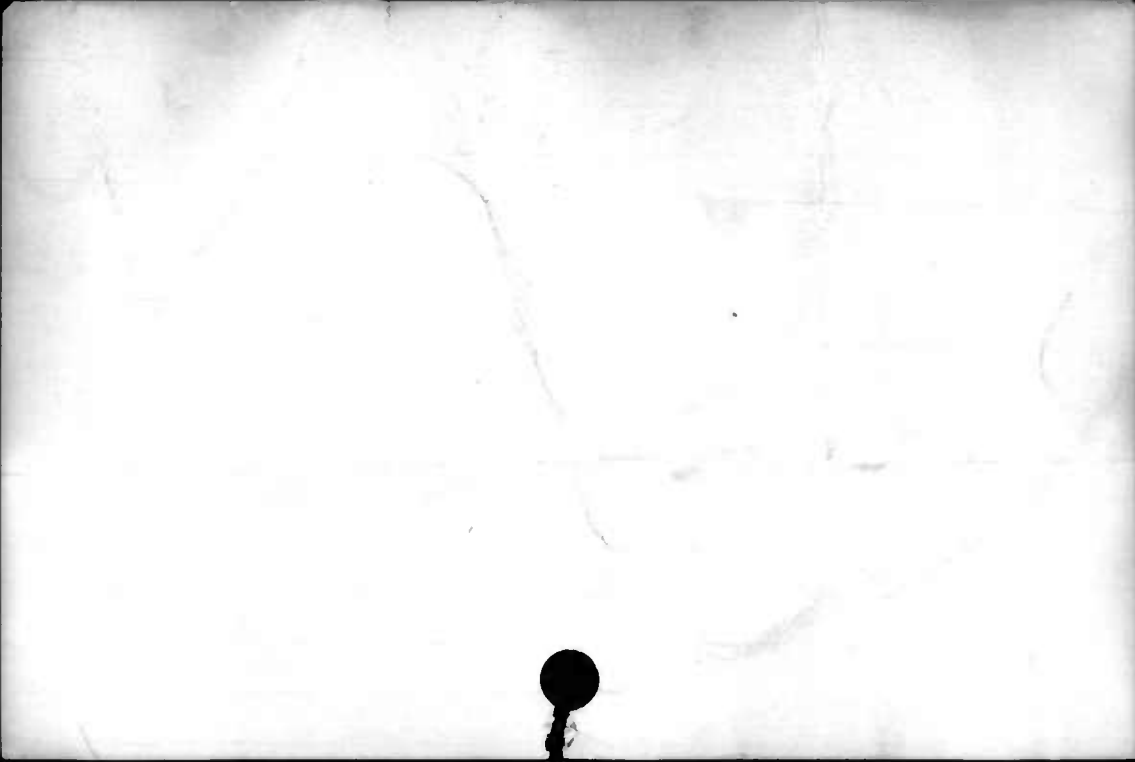
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Near Jefferson</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>2</i>	Day <i>21</i>	Age <i>10</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Jefferson</i>				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Alpha F. Maser</i>				Father's Birthplace <i>Near Jefferson</i>			
Mother's Maiden Name <i>Ella M. Campbell</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Alpha F. Maser</i>				How related to deceased <i>Walter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	<i>93</i>	How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>John H. Gibson</i>
			Address <i>Burkittsville</i>
Accident or Suicide?			<i>Inf.</i>





Name in Full

Certificate of Death

Norman Ralph Moser

Town

County

Died at

Myersville

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2-16

Age

1-2-5

Md.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband-  
of

Wife

Father's

Name

Albert Moser

Mother's

Maiden Name

Nannie Harrenfittz

Cause of

Primary

Death

Immediate

Pneumonia 93

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Ralph Browning

Address

Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70009



Name  
in  
Full

Richard A. Muddoch

2,  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Market		County Frederick		MARYLAND	
Date of death 1903		Month 2	Day 3	Age Years 76		Months 10	Days 25
Sex male		Color or Race white		Birth- place Frederick Co. Md.			
Married, Single or Widowed married				Occupation Farmer			
Name of Wife <del>Husband</del> Nellie Medaury Muddoch							
Father's Name Richard B. Muddoch				Father's Birthplace Maryland			
Mother's Maiden Name Miss Howard				Mother's Birthplace don't know			
Name of person giving information Bruce Muddoch				How related to deceased son.			

## CAUSES OF DEATH

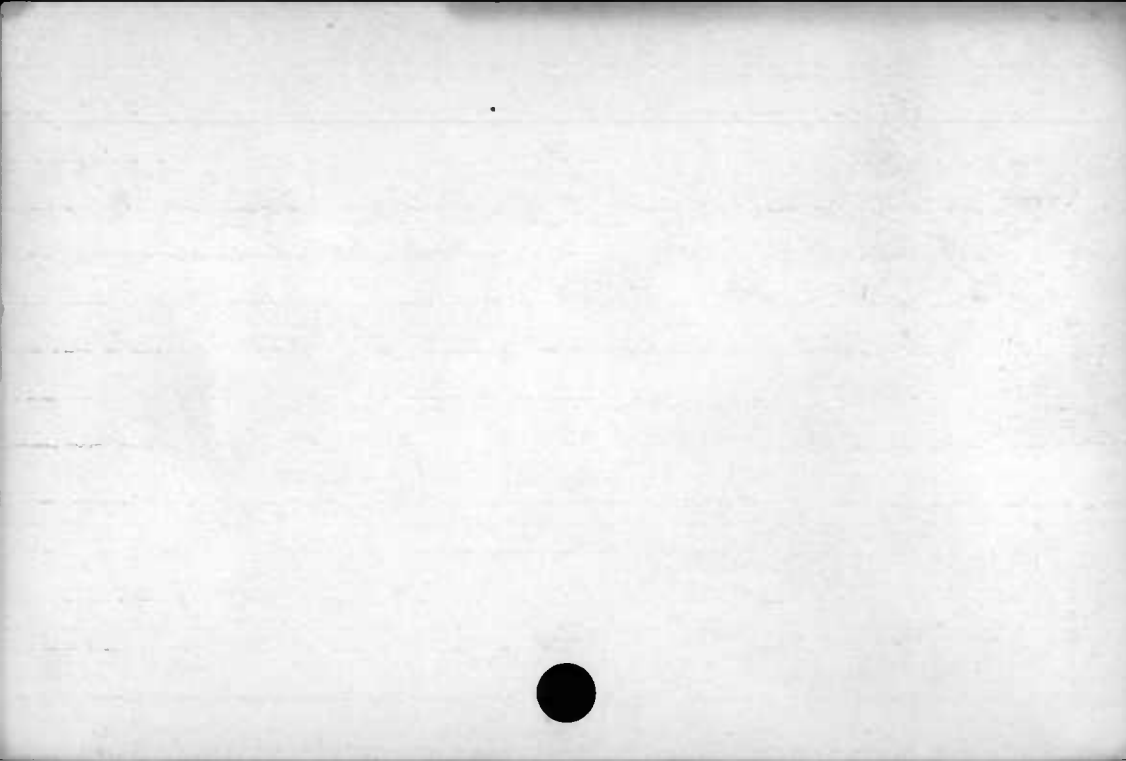
PHYSICIAN  
OR CORONER

Primary Aortic Stenosis - Arterio-Sclerosis		How long 70 years
Immediate Pulmonary Edema		How long 3 months
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Howard H. Hoffman Jr.
		Address New Market, Maryland
Accident or Suicide? no.		

-  
p



Name in Full		Edward Nelson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Indriest</u> <small>Town</small>		<u>Indriest</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u>	<u>Feb.</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>61</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>13</u> <small>Days</small>	
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland.</u>			
	Married, Single or Widowed <u>Married</u>		Occupation <u>Drumst.</u>				
	Name of Wife or <del>Husband</del> <u>Harris Wilson</u>						
	Father's Name <u>Madison Nelson.</u>			Father's Birthplace <u>Maryland</u>			
	Mother's Maiden Name <u>Josephine Marcelli</u>			Mother's Birthplace <u>X</u>			
PHYSICIAN OR CORONER	Name of person giving information <u>Harris Nelson.</u>			How related to deceased <u>Widow</u>			
	CAUSES OF DEATH						
	Primary <u>Chronic Ecdocarditis</u>			How long <u>About for 4 years.</u>			
PHYSICIAN OR CORONER	Immediate <u>Uræmia</u>			How long <u>79</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>J. B. Johnson</u>			
	Accident or Suicide? <u>8</u>			Address <u>Indriest Md.</u>			



Name  
in  
Full

3,  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

harry Oakery  
Died at Woodville -  
Date of death 1903 2 - 4 -  
Sex Male -  
Color or Race Black -  
Married, Single or Widowed -  
Name of Wife or Husband -  
Father's Name -  
Mother's Maiden Name -  
Name of person giving information Dr. W. E. Garner  
County Kent -  
Age 44 -  
Occupation Laborer  
Birth-place South Korean  
Father's Birthplace -  
Mother's Birthplace 166  
How related to deceased None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Accidental -  
Immediate Injured by falling tree  
Are the name, age, sex, color, date and place correctly given above?  
Signature of Physician Dr. W. E. Garner  
Address Mt. Airy, N.C.  
Accident or Suicide? Accident; Tree falling on him





Name  
in  
FullBernard Harry Ordeman  
Fredericks Town  
Anne Arundel County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

2

Feb.

18

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Anne Arundel, Md.

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

Daniel G. Ordeman

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Edith Best

Mother's  
Birthplace

Md.

Name of person giving  
information

Mrs Ordeman

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Inanition

151

How long

Since Birth

Immediate

Convulsions

How long

Several hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

S. D. H. Jones, M.D.  
Anne Arundel, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Henry Palmer.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick.	County Frederick.		MARYLAND	
	Date of death 1903		Month Feb.	Day 24	Age Years About 69	Months	Days
	Sex Male		Color or Race Colored.		Birth-place Fredk Co.		
	Married, Single or Widowed ?			Occupation Laborer			
	Name of Wife or Husband Daisy Palmer, supposed wife.						
	Father's Name Alfred Palmer				Father's Birthplace Md.		
	Mother's Maiden Name Letha				Mother's Birthplace Md.		
	Name of person giving information Daisy Palmer				How related to deceased supposed wife.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Heart disease, Mitral Regurgitation.				How long Indefinite		
	Immediate Chronic Nephritis.				How long "		
	Are the name, age, sex, color, date and place correctly given above? As well				Signature of Physician Dr W G Bourne		
	as could be ascertained.				Address 52 Will Saint St.		
	Accident or Suicide?						



Name  
in  
Full

Bettie Peterson

## CERTIFICATE OF DEATH

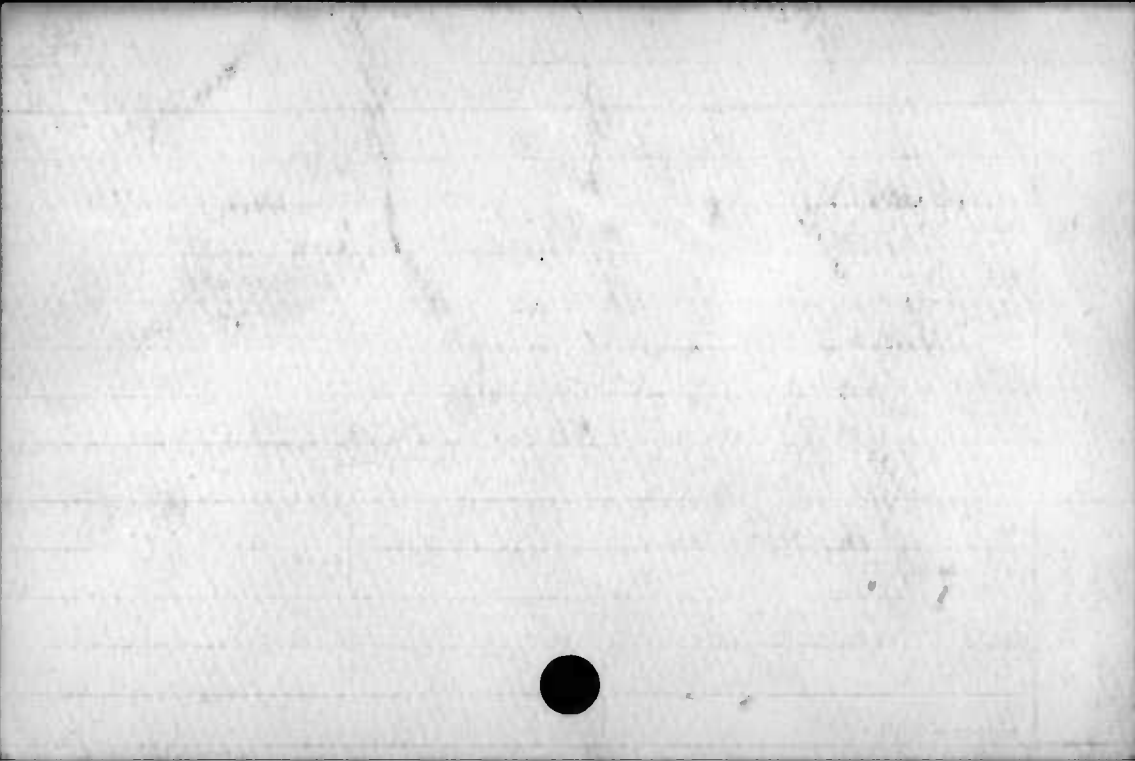
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brewersville		County Fredk		MARYLAND	
Date of death 1903	Month Feb	Day 6	Age 30	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Va				
Married, Single or Widowed Married			Occupation House work				
Name of Wife or Husband Sam Peterson							
Father's Name			Father's Birthplace				
Mother's Maiden Name Mary Campbell			Mother's Birthplace Va				
Name of person giving In formation Albert Campbell			How related to deceased Cousin				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis (1)	How long	5 Mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Levi Hunt
		Address	Brewersville Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Boliver</i> Town		<i>Fred. Co.</i> County		MARYLAND	
	Date of death 190 <i>Feb 23</i> Month	<i>9</i> Day	Age <i>53</i> Years	<i>0</i> Months	<i>17</i> Days	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co.</i>			
	Married, <del>Single</del> <del>or Widowed</del>	Occupation <i>house wife</i>				
	Name of Wife or <del>husband</del> <i>Amie Rohr</i>					
	Father's Name <i>Samuel Koogle of C</i>		Father's Birthplace <i>Fred. Co.</i>			
	Mother's Maiden Name <i>Anna P. Rohr</i>		Mother's Birthplace <i>Fred. Co.</i>			
Name of person giving information		How related to deceased <i>Children</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Chas. Entertis</i>		<i>106</i>		How long <i>Sattended 2 days.</i>	
	Immediate <i>Exhaustion, Inanition</i>				How long <i>---</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Hubert Wade, M.D.</i>			
			Address <i>Baltimore, Maryland</i>			
Accident or Suicide? <i>No</i>						

do





Name  
in  
Full

Caroline M. Schaeffer

## CERTIFICATE OF DEATH

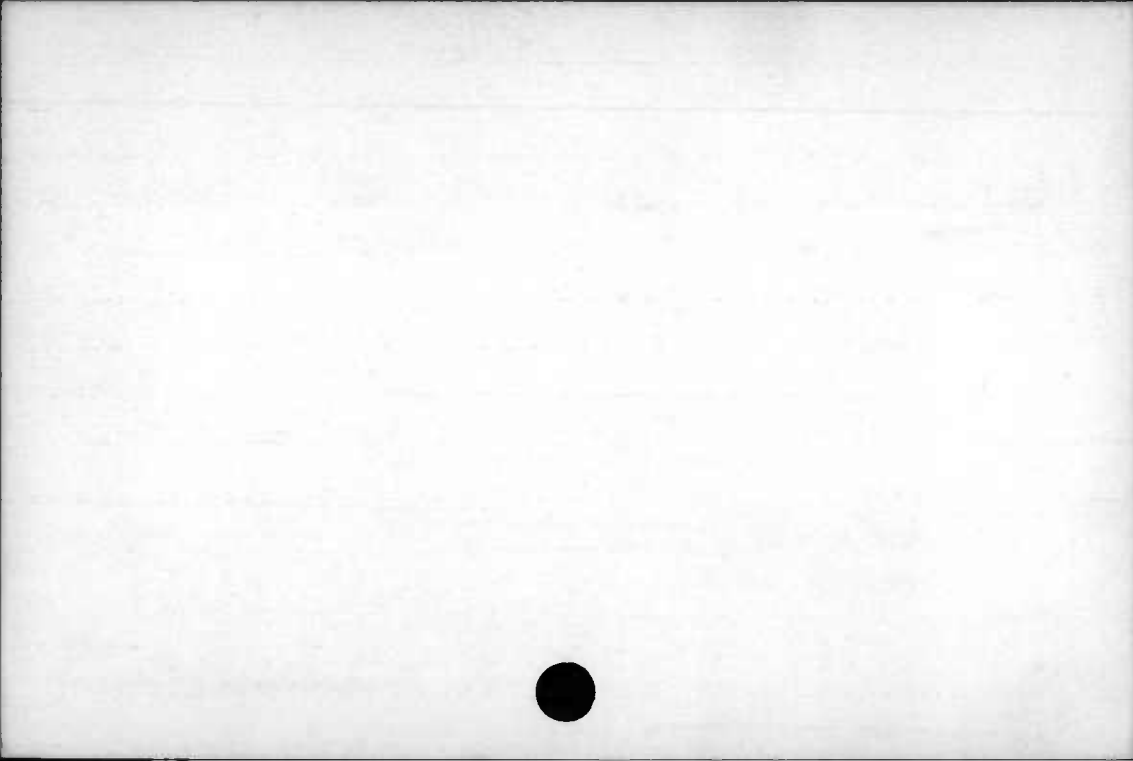
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1903		Month Feb'y		Day 10		Age Years 75	
Sex Female		Color or Race white		Birth- place Frederick, Md.		Months Days	
Married, Single or Widowed single				Occupation			
Name of Wife or Husband							
Father's Name David F. Schaeffer				Father's Birthplace Germany			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased 65			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mollities Cerebralis		How long Several years	
Immediate General paralysis		How long About one week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. V. Weidner, M.D.	
		Address Frederick, Md.	
Accident or Suicide?			



Name  
in  
Full

Fairfax Schley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredrick</u> <sup>Town</sup>		<u>Fredrick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>1</u>	Age <u>78</u> <sup>Years</sup>	Months <u>3</u>	Days <u>20</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Wld</u>	
<del>Married, Single</del> or Widowed			Occupation <u>Physician</u>		
Name of Wife or <del>Husband</del> <u>Ann Rebecca Steiner</u>					
Father's Name <u>Henry Schley</u>			Father's Birthplace <u>Frederick</u>		
Mother's Maiden Name <u>Maria Worrell</u>			Mother's Birthplace <u>Chestertown, Md</u>		
Name of person giving In formation <u>Steiner Schley</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Weak Heart (radial pulse of 30 &amp; minute)</u>	How long <u>many years</u>
Immediate <u>Heart clot formed</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Crawford</u>
	Address <u>Frederick Md</u>
<u>Accident or Suicide?</u>	

Mt Olivet Cemetery

Feb 3d

C. C. Cady  
75

Name In Full

Certificate of Death

Shores, Clyde Vernon

Died at <sup>Town</sup> Mountville <sup>County</sup> Garfield, <sup>State</sup> Frederick Co MARYLANDDate 189 <sup>Month</sup> 03 - <sup>Day</sup> 2 - <sup>Year</sup> 6 - <sup>Age</sup> 24 - <sup>M.</sup> 5 - <sup>D.</sup> 10 <sup>Native of</sup> <sup>Occupation</sup> Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
NameMother's  
Name

Susan C E Shores

Cause of

Primary

Typhoid with Pneumonia followed  
by Atkhis Pulmonum  
- asthma

How long sick

6 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Henry C. Fahrner M.D.

Address

Frederick

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate  
derived from \_\_\_\_\_

of \_\_\_\_\_

Name in Full

Certificate of Death

Rebecca Catherine Shryock.  
 Died at <sup>Town</sup> Creagerstown <sup>County</sup> Frederick MARYLAND  
 Date 1903 <sup>Month</sup> Feb <sup>Day</sup> 11 | Age <sup>Y.</sup> 71 <sup>M.</sup> 5 <sup>D.</sup> 20 | <sup>Native of</sup> Md | <sup>Occupation</sup> Seamstress  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ ☒ Divorced ☐ ☐ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name Henry S. Shryock Mother's Name Margaret A. Gishers  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary Carcinoma of liver Six months  
 Immediate General Asthenia  
 How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide \_\_\_\_\_

Reported by J. D. S. Young M. D.  
 Address Creagerstown Fredk Co,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Conrad Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Shookstown</i>		County <i>Frederick</i>		MARYLAND	
Date of death 19 <i>03</i>	Month <i>Feby.</i>	Day <i>26</i>	Years <i>80</i>	Months <i>11</i>	Days <i>22</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Nesedonstadt, Germany</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Caroline Brewer</i>					
Father's Name <i>Conrad Smith</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information			How related to deceased <i>120</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis - Chronic Nephritis</i>	How long <i>Several years</i>
Immediate <i>Uremic Coma</i>	How long <i>About 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Neudick, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	

13



Name In Full

Certificate of Death

Charlotte Stalo

Town

County

MARYLAND

Died at

Thurmont

Frederick

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 10

Age

62

Pennsylvania

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Wm Stalo

Naomi Schlusser

Cause of

Primary

Bright sun

How long sick

one year

Death

Immediate

1903

Accident, Suicide, Homicide

Reported by

James R. Waters M.D.

Address

Thurmont Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

Catherine A. Stephens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indues</i> Town		<i>Indues</i> County		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>4</i>	Age <i>44</i> Years	Months <i>3</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Napier, Ind. W. Va.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Lady</i>		
Name of Wife or Husband					
Father's Name <i>Amos Stephens</i>			Father's Birthplace <i>Indues Co. Md.</i>		
Mother's Maiden Name <i>L. E. Stephens</i>			Mother's Birthplace <i>Washington Co. Md.</i>		
Name of person giving information <i>Wm H. B. Elchman</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>10</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Johnson</i>
<i>To the best of my knowledge</i>	Address <i>Indues Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Strander

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 21

Age

1 6

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

George

Martha

Cause of

Primary

Pertussis

How long sick

Several weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

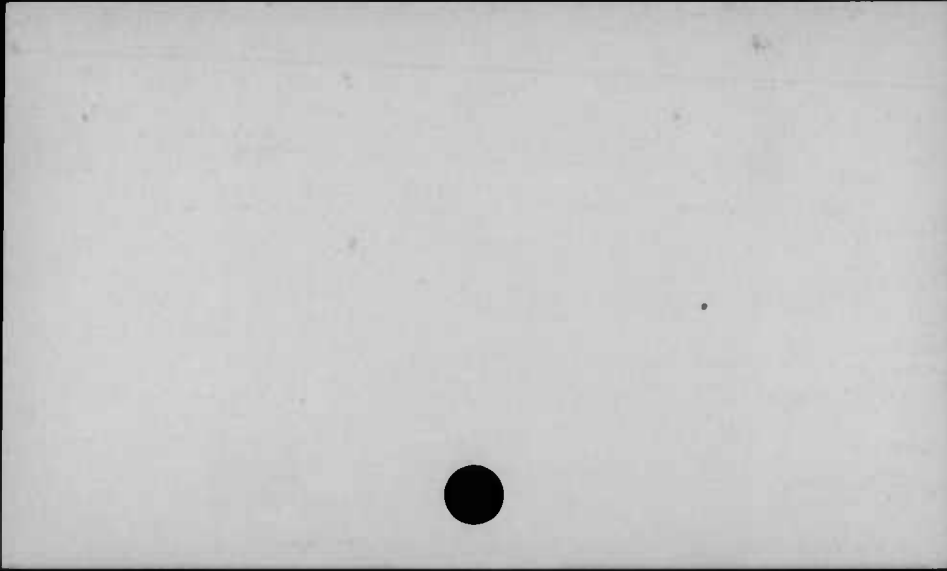
T. Clyde Roulston

Address

Buckeytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008





Name  
in  
Full

Thelma Cathrine Puter

## CERTIFICATE OF DEATH

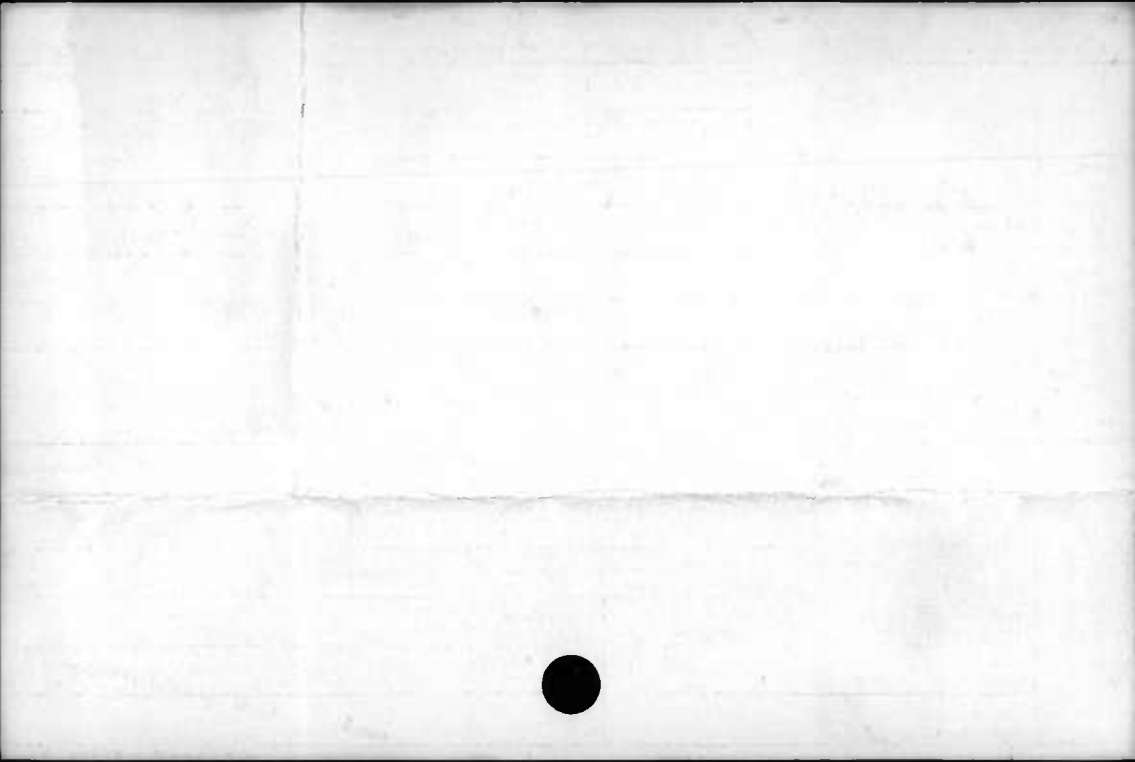
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>10</i>	Age <i>11-</i>	Months <i>20</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brunswick</i>		
Married, Single or Widowed <i>Infant</i>			Occupation <i>Infant</i>		
Name of Wife or Husband					
Father's Name <i>Samuel L. Luter</i>			Father's Birthplace <i>Hagerstown Md</i>		
Mother's Maiden Name <i>Annie M. Berger</i>			Mother's Birthplace <i>Brunswick Md</i>		
Name of person giving information <i>Samuel L. Luter</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Hedges</i>
	Address <i>Brunswick Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

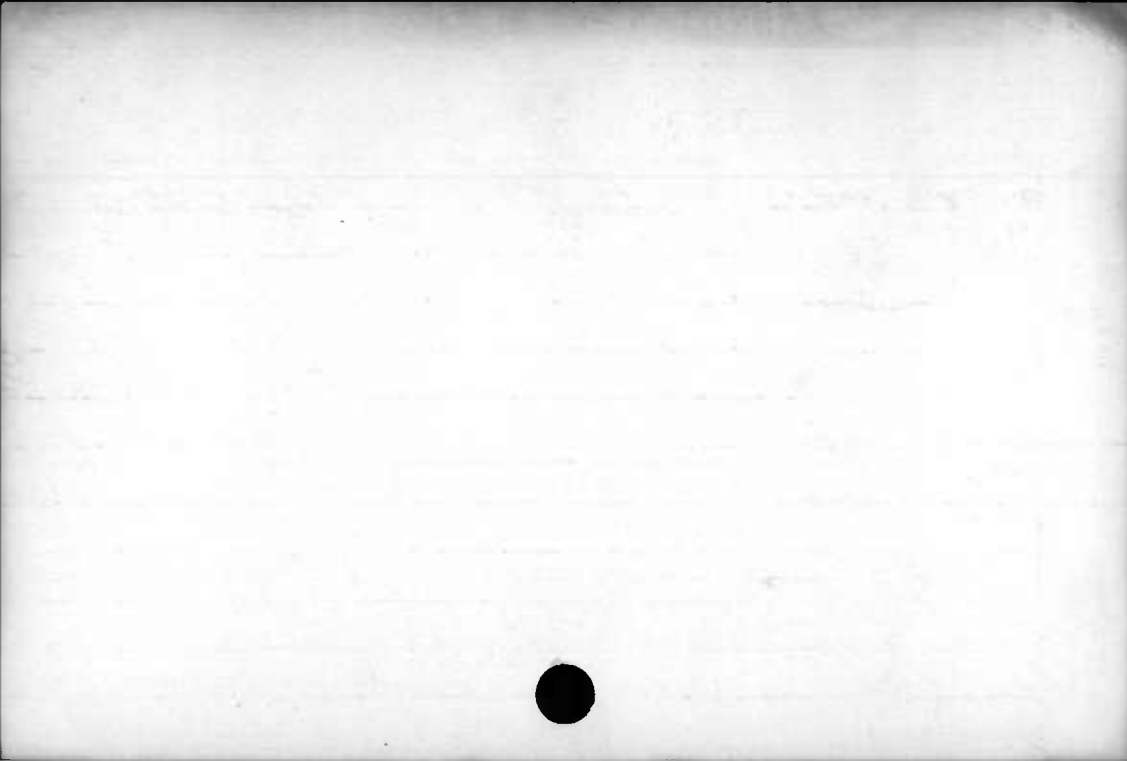
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>High Knob</i> <sup>Town</sup>		<i>Bucher</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> <sup>Month</sup>	<i>2</i> <sup>Day</sup>	Age <i>-</i> <sup>Years</sup>	<i>-</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>William Bucher</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Falk</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John Bucher</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spill Born</i>	How long <i>D.</i>
Immediate		How long
Are the name, age, sex, color, date, and place correctly given above?	<i>yes</i>	Signature of Physician <i>L. P. Haffner</i>
		Address <i>Frederick Ind.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

George R. Hachter

Town

County

Died at

Harkersville

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

7

Age

8

Co.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

J. H. Hachter

Mother's

Maiden Name

Lola Sumner

Cause of

Primary

How long sick

6 weeks

Death

Immediate

convulsion

Accident, Suicide, Homicide

Reported by

J. D. Nicodemus

Address

Harkersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Rufus Wesley Walker

## CERTIFICATE OF DEATH

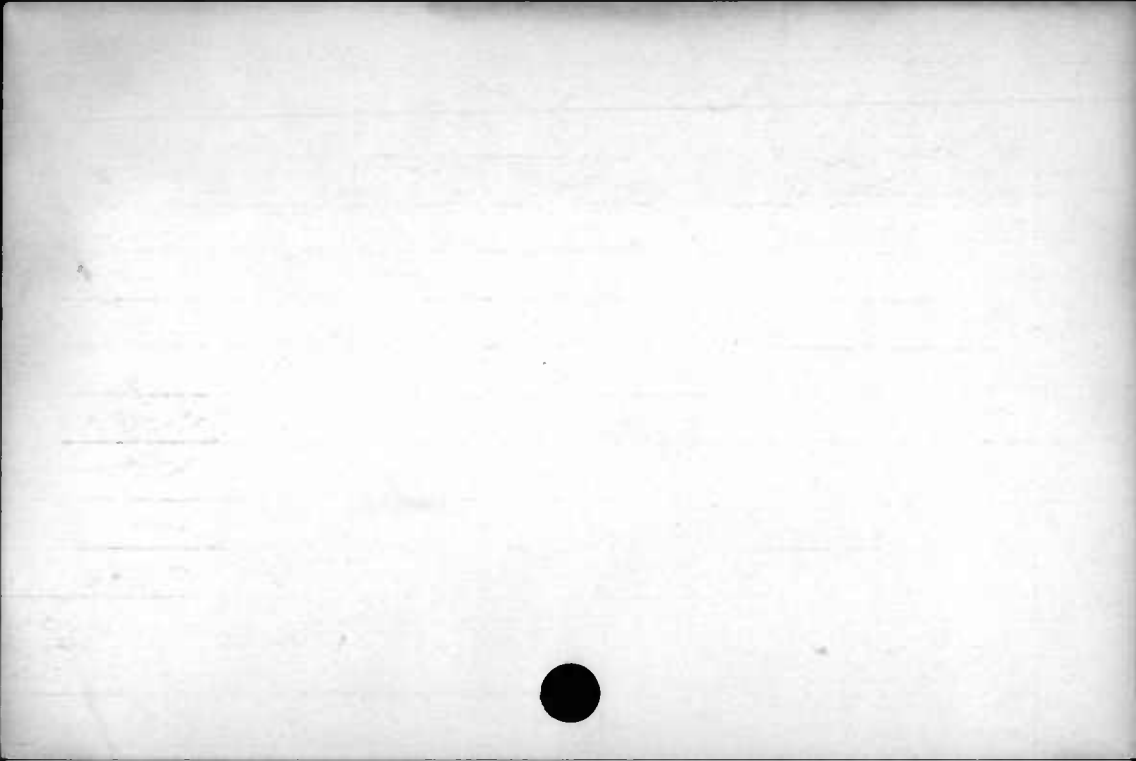
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Ridgerville		County Frederick Co		MARYLAND	
Date of death 1903	Month Feb	Day 12	Age	Years	Months 10	Days 10	
Sex Male	Color or Race White		Birth- place Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name William A Walker				Father's Birthplace Md			
Mother's Maiden Name Laura A. Day				Mother's Birthplace Md			
Name of person giving In formation William A Walker				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	6 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William E. Gaver M.D.
		Address	Mount Airy Md
Accident or Suicide?			





Name in Full

Certificate of Death

Willola V. Weedon.

Town

County

MARYLAND

Died at

Mountville

Lynch

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

2

24

Age

8-15

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Martha Weedon.

How long sick

Cause of

Primary

Death

Immediate

Whooping Cough.

Accident, Suicide, Homicide

Reported by

M. R. Etchison

Address

Lynch, W. Undertakes.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name In Full

Certificate of Death

Lavinia Susan Wiehede

Heav <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Died at

Date 19 <sup>Month</sup> 03 <sup>Day</sup> Feb. 28 Age <sup>Y.</sup> 64, <sup>M.</sup> 9, <sup>D.</sup> 25 Native of Md. Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of Ailes M. Wiehede

Father's Name Peter Baumgartner Mother's Name — Thelma Let

Cause of Death { Primary Tuberculosis, N. disease How long sick 2 yrs, 1 mo 1 week

Death { Immediate Imif - Accident, Suicide, Homicide

Reported by C. H. Diller

Address D. P. Creek, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Upton Williams*  
 Town County Co  
 Died at *Frederick* MARYLAND  
 Date 1903 *February 14* Month Day Y. M. D.  
 Age *73 10 14* Native of *U.S.* Occupation *Farmer*  
 Male ~~Female~~ Married ~~Single~~ Widower ~~Widower~~  
 Number of children living *6*

Husband of *Harriet Williams*  
 Wife  
 Father's Name Mother's Name  
 Maiden Name *Tamie Kerr*

Cause of Death { Primary Immediate }  
*Old Age* 154  
 How long sick *6 mo*  
 Accident, Suicide, Homicide

Reported by *L. Woodward*  
 Address *Mount Airy* *N.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10

Name in Full

Certificate of Death

Unknown White Man

Died at Brunswick <sup>Town</sup> Frederick <sup>County</sup> MARYLAND

Date 1903 7 <sup>Month</sup> 8 <sup>Day</sup> — <sup>Y.</sup> — <sup>M.</sup> — <sup>D.</sup> — <sup>Native of</sup> — <sup>Occupation</sup> —

Male White ~~Married~~ Widow ~~Divorced~~ Single Widower Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Killed by Cars. BORKER

How long sick

Death

Immediate

Accident, Suicide, Homicide

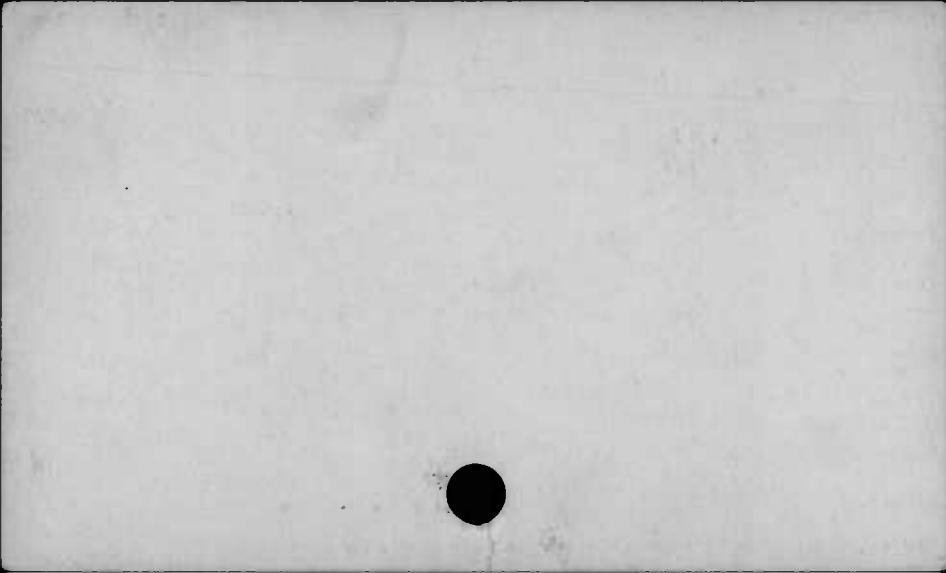
Reported by

John L. Jordan Coroner

Address

Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND					
Date of death 1903		Month 2		Day 8		Age Years —		Months —		Days —	
Sex Male		Color or Race whi-		Birth- place —							
Married, Single or Widowed —				Occupation —							
Name of Wife or Husband —											
Father's Name —						Father's Birthplace —					
Mother's Maiden Name —						Mother's Birthplace —					
Name of person giving In formation —						How related to deceased —					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate Killed by cars		How long at once	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. G. Horine	
		Address Brunswick md	
Accident or Suicide?			

